



COUNTY OF NEVADA COMMUNITY DEVELOPMENT AGENCY

Trisha Tillotson, Agency Director

ENVIRONMENTAL HEALTH DEPARTMENT

Amy Irani, REHS, Director

950 MAIDU AVENUE
NEVADA CITY, CA 95959

PH: (530) 265-1222

FAX: (530) 265-9853

<http://mynevadacounty.com>

Drain Cover and Equalizer Cover Replacements in Public Pools and Spas

To be in compliance with Health and Safety Code Sections 116064.1 and 116064.2-Anti-Entrapment Devices and Systems, drain covers and equalizer covers in pools and spas shall be replaced based on the manufacturer's stated expiration date or in the event that they become damaged. The following process shall be followed when drain covers/equalizer covers are to be replaced on public pools and spas in Nevada County.

1. Drain covers/equalizer covers shall **ONLY** be replaced by a professional contractor or engineer with one or more of the following licenses defined by the California State Licensing Board (CSLB):
 - a. General Engineering Class A
 - b. Plumbing Contractor C36
 - c. Swimming Pool Contractor C53
 - d. Limited Specialty/Pool and Spa Maintenance C61/D35

For a detailed description of each of these professional classifications, visit the California State Licensing Board at https://www.cslb.ca.gov/About_Us/Library/Licensing_Classifications/. If the pool owner/operator/permit holder does not possess one of the above licenses, they shall obtain a qualified professional to complete the work.

2. The licensed pool contractor or engineer shall complete the Nevada County Environmental Health Dept. VGB Swimming Pool Plan Check Submission Form for each body of water and submit it to our office for **approval**. Along with the Nevada County Environmental Health Dept. VGB Swimming Pool Plan Check Submission Form, an agreement to pay form, and a plan review fee of \$93.43 for each body of water shall also be submitted to our office. This step shall be done **PRIOR** to performing the drain cover/equalizer cover replacements. **Do not** replace the drain covers/equalizer cover until they have been approved by the Nevada County Department of Environmental Health.
3. Once the Nevada County Environmental Health Department has checked and approved the submittal, staff will notify the pool contractor that it is ok to proceed with the work.
4. Within 30 days after the licensed pool contractor has performed the drain cover/equalizer cover replacements, the State of California Department of Public Health (CDPH) VGB AB1020 Anti-Entrapment Devices compliance form shall be submitted to our office. This form shall be signed by the licensed contractor who performed the work.



COUNTY OF NEVADA
ENVIRONMENTAL HEALTH DEPARTMENT
950 MAIDU AVE, SUITE #170, NEVADA CITY, CA 95959
PHONE (530) 265-1222 FAX (530) 265-9853

Nevada County Environmental Health Department
VGB Swimming Pool Plan Check Submission Form

This form should ONLY be used to submit plans for compliance with the Virginia Graeme Baker Pool and Spa Safety Act (California Health and Safety Code Section 116064.2) USE ONE FORM FOR EACH BODY OF WATER.

FACILITY NAME AND ADDRESS						CONTACT PHONE NUMBER AND EMAIL					
CONTRACTOR NAME AND ADDRESS						LICENSE #			LICENSE TYPE		
BODY OF WATER TYPE:		<input type="checkbox"/> WADING POOL		POOL LENGTH	POOL WIDTH	POOL GALLONS	POOL MINIMUM FLOW (GPM)				
<input type="checkbox"/> POOL		<input type="checkbox"/> OTHER									
<input type="checkbox"/> SPA											
MAIN SUCTION LINE SIZE		<input type="checkbox"/> COPPER		MAIN RETURN LINE SIZE		<input type="checkbox"/> COPPER		FILTER MAKE AND MODEL		MAX FLOW (GPM)	
		<input type="checkbox"/> PVC				<input type="checkbox"/> PVC					
RECIRCULATION PUMP MAKE/MODEL*			HP	JET / BOOSTER PUMP (SPA ONLY)*			HP	ADDITIONAL JET / BOOSTER PUMP IF PRESENT*			HP
MAIN DRAIN COVER MAKE AND MODEL			GPM RATING:		JET / BOOSTER DRAIN COVER MAKE AND MODEL			GPM RATING:			
			FLOOR:					FLOOR:			
			WALL:					WALL:			
EQUALIZER LINE COVER MAKE AND MODEL			GPM RATING:		INSTALLED ON:		NUMBER OF SKIMMERS:		SKIMMER PIPE SIZE		
			FLOOR:		<input type="checkbox"/> FLOOR		NUMBER OF EQUALIZER COVERS:				
			WALL:		<input type="checkbox"/> WALL						
SUCTION VACUUM RELEASE SYSTEM (SVRS) MAKE AND MODEL IF INSTALLING											

When submitting this request, the following items must be attached:

- Performance (pump) Curve for each pump listed above.
- Specification sheet for each cover listed above.

ONCE APPROVED AND INSTALLED THE CONTRACTOR MUST SUBMIT THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH COMPLIANCE FORM FOR ANTI-ENTRAPMENT DEVICES AND SYSTEMS FOR PUBLIC POOLS AND SPAS.

FOR OFFICE USE ONLY	
Facility # _____ Program Rec # _____	<input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED
EHS _____	DATE _____



COUNTY OF NEVADA
COMMUNITY DEVELOPMENT AGENCY

Trisha Tillotson, Agency Director

ENVIRONMENTAL HEALTH DEPARTMENT

Amy Irani, REHS, Director

950 MAIDU AVENUE, SUITE #170
NEVADA CITY, CA 95959

PH: (530) 265-1222

FAX: (530) 265-9853

<http://mynevadacounty.com>

ANTI-ENTRAPMENT DEVICES AND SYSTEMS FOR PUBLIC POOLS AND SPAS
INSTRUCTIONS FOR COMPLETING FORM

- Use one form for each pump or multiple pumps under the same drain cover. For example, a spa with a recirculation pump and a jet pump each with their own set of split drains that terminate under a different drain cover will require two forms. However, two pumps with split drains that terminate under the same drain cover will require only one form.
- All sections of the form must be completed.
- Print legibly.
- Return the completed form to your local Environmental Health Department.

❖ **Site Information**

- Enter Facility Number in red box at top left of this section
- Facility name – name of facility or OBA (e.g. Oak Glen HOA, Palms Apartments).
- Pool Identification – description of the pool which will identify it when there is more than one pool on the property.
- Facility Address – address, city, state, and zip code of the facility where the pool or pools are located.
- Owner's name – owner, owner's representative, or corporation name.
- Owner's address – address, city, state, zip, and telephone number of the owner or owner's representative.
- Indicate if the pool was constructed on or after January 1, 2010.

❖ **Pump Information**

- Identify the type of pump that is connected to the drain. If two pumps terminate under one set of split drains (e.g. one side of a split suction drain is used for both a recirculation pump and a jet pump), describe both pumps. For each pump, provide the make, model number, and horsepower. Remember, complete a separate compliance form if the additional pump is connected to a different drain cover.

❖ **Main Drain** *(Includes All Suction Outlets Except Skimmer Equalizer Lines)*

- Provide the manufacturer; make and model; and the date the drain cover was installed.
- Provide the floor and wall flow rating in gallons per minute for the drain cover. Note: If there are two different drain covers (e.g. one on the wall and one on the floor), there is space on the compliance form to complete drain cover information for each drain.

- Indicate the size of the pipe terminating at the main drain or jet suction.
- Check a box to indicate the configuration of the drain.
 - **Split Main Drains** - means there are two drains that are hydraulically balanced and symmetrically plumbed and are separated by a distance of at least three feet in any dimension between the suction outlets.
 - **Single Drain - Unblockable** means there is one drain approved to be unblockable so that a human body cannot sufficiently block it to create a suction hazard.
 - **Single Drain - Not Unblockable** - means there is a single drain which can be sufficiently blocked by a human body to create a suction hazard. This type of drain must be protected by an approved safety vacuum release system or other equally or more effective system. Provide the type of device installed, manufacturer, model, and indicate which type of performance standard is marked on the device (ASTM F2387 or ASME/ANSI standard A112.19.17).

❖ Skimmer Equalizer Line(s)

- Provide the manufacturer; make and model; and the date the drain cover was installed.
- Provide the floor and wall flow rating in gallons per minute for the drain cover. Note: If there are two different drain covers (e.g. one on the wall and one on the floor), there is space on the compliance form to complete drain cover information for each drain.
- Indicate the size of the skimmer equalizer line pipe.
- Indicate number of skimmers.

❖ Contractor/Engineer Certification Section

- Enter a valid California State Contractor's license number.
- Enter the Contractor's license classification (or enter California Professional Engineer's license number, if applicable).
- Enter the Contractor's/Engineer's name and the company they are working for.
- Enter the company address, city, state, zip code, telephone number, cell phone number, FAX number, and email for the Contractor/Engineer.
- Print the name of the Contractor/Engineer.
- The Contractor or Engineer must sign the form.
- Enter the date the form was signed.

For a complete text of the law, visit: http://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=200920100AB1020



**COUNTY OF NEVADA
COMMUNITY DEVELOPMENT AGENCY**

950 MAIDU AVENUE, SUITE 170, NEVADA CITY, CA 95959 - 8617
PH: (530) 265-1222 FAX: (530) 265-9854 <http://www.mynevadacounty.com>

Agricultural Commissioner

Building Department

Environmental Health

Planning Department

Dept. of Public Works

AGREEMENT TO PAY

Nevada County Community Development Agency fees are based on Board of Supervisor approved fee schedules. Hourly fees and fees for services in excess of a minimum fee collected, including re-inspections, are billed to the applicant based on the Board approved fee schedule in effect at the time the work is performed by staff. This *Agreement To Pay* form must be signed and original signatures submitted to the NCCDA along with the completed permit forms and the initial payment of fees. Copies of current fee schedules are available from our Customer Service Staff or on the web at <http://www.mynevadacounty.com>

I/We understand that the NCCDA will bill as services are rendered, and I/We agree to pay such billing within thirty (30) days of the mailing of such billing for the project/permit. If payments on outstanding invoices are not made within thirty (30) days after the date of the invoice, County staff may cease work on the project until the required payment is made, subject to any other provisions of the law. All fees must be paid prior to the granting of any permits, approvals, or any land use entitlement for which services are required. The collection of fees, however, does not guarantee the granting of any permits, approvals, or land use entitlements for which I/We are applying.

Site Information:

Invoices and/or notices to be mailed to:

APN: - -	Name:
Property Owner/Business Name (if applicable):	Address:
Address:	
	Telephone:
Email:	Email:

NCCDA Staff is authorized to consult with necessary governmental agencies and the following individuals concerning this project: _____

I certify under proof of perjury that I am the property owner or that I am authorized to enter into this fee agreement on his/her behalf. I have read the conditions concerning Nevada County Community Development Agency Fees and I understand that in the event that the billing party I have indicated does not pay required fees, I will be responsible for payment. I further agree to advise the department in writing should I no longer be associated with the above referenced project/property, rendering this agreement invalid as of the change of the date that the letter is received by the Nevada County Community Development Agency.

_____ Dated: _____ CDL# _____
Printed Name

Signature

THIS SECTION FOR OFFICE USE ONLY

Service: Pool minor plan check- drain covers	Program: PE1236	Job No: _____
Amount: \$ 93.43 Check #: _____	Receipt #: _____	Date of Receipt: _____
Service: _____	Program: _____	Job No: _____
Amount: \$ _____ Check #: _____	Receipt #: _____	Date of Receipt: _____

APPROVED BY: _____

DATE: _____

California Department of Public Health
Compliance Form

OFFICE USE ONLY

Anti-Entrapment Devices and Systems
for Public Pools and Spas

Health and Safety Code
Sections 116064.1 and 116064.2

NOTE: Use one form for each pump or multiple pumps under the same drain cover.

ALL SECTIONS OF THIS FORM MUST BE COMPLETED.

This form is to be used to verify compliance with modifications pursuant to the new Health and Safety Code sections 116064.1 and 116064.2. Under Section 116064.2 (a) of the Health and Safety Code, effective January 1, 2010, the owner of a public swimming pool shall file this form within 30 days following the completion of construction or installation of anti-entrapment devices or systems in swimming pools. Contact your local Environmental Health Department and Building Department for any necessary plan approval and permits prior to construction or remodel.

Site Information

Facility Name: _____ Pool Identification (if more than 1 pool/spa at site): _____
Facility Address: _____ City: _____ St: _____ Zip: _____
Owner Name: _____ Owner's Phone Number: _____
Owners Address _____ City _____ St. _____ Zip _____
Pool constructed on or after January 1, 2010?: Yes No

Pump Information

Recirculation Pump Make/Model _____ H.P. _____
 Other Pump: _____ Make/Model _____ H.P. _____
 Jet / Booster Pump Make/Model _____ H.P. _____
 Feature Pump Make/Model _____ H.P. _____

Main Drain (Includes All Suction Outlets Except Skimmer Equalizer Lines)

Manufacturer of approved drain cover: _____ Model Number: _____ Install date _____
GPM rating: Floor _____ Wall _____ Installed on Floor Wall
Manufacturer of approved drain cover: _____ Model Number: _____ Install date _____
GPM rating: Floor _____ Wall _____ Installed on Floor Wall Main drain/Jet suction pipe size is _____ inches.

Check One:

- Split main drain(s) (Minimum 3 ft. between covers, hydraulically balanced and symmetrically plumbed)
- Single drain – Unblockable (size and shape that a human body cannot sufficiently block to create a suction entrapment)
- Single drain – Not unblockable (one of the following secondary devices required: safety vacuum release system, suction limiting vent system, gravity drainage system, auto pump shut-off system, or other equally or more effective system approved by enforcement agency)
Type of secondary device installed: _____ Install date _____
Manufacturer of approved device: _____ Model/Part Number: _____

Safety vacuum release system bears the following performance standard markings: ATSM F2387 ASME/ANSI standard A 112.19.17

THE ABOVE HAS BEEN FIELD VERIFIED TO COMPLY WITH MANUFACTURER'S INSTALLATION REQUIREMENTS BY THE INSTALLER

I declare that I hold an active California State Contractor license # _____ with classification _____ or a California State Professional Engineer license # _____ with qualified experience working on public swimming pools and that the information provided above is true to the best of my knowledge. I understand that if I improperly certify this information, I shall be subject to potential disciplinary action at the discretion of the licensing authority in accordance with California Health & Safety Code Section 116064.2.

Contractor/Engineer Name: _____ Company Name: _____
Company Address: _____
City: _____ State: _____ Zip Code: _____
Contractor/Engineer Phone Number: _____ Cell Phone Number: _____
Contractor/Engineer FAX Number: _____ Email: _____

Contractor / Engineer name (PRINT) Contractor / Engineer name (SIGNATURE) Date

California Department of Public Health
Compliance Form

Anti-Entrapment Devices and Systems
for Public Pools and Spas

Health and Safety Code
Sections 116064.1 and 116064.2

INSTRUCTIONS FOR COMPLETING THE COMPLIANCE FORM

- Use one form for each pump or multiple pumps under the same drain cover. For example, a spa with a recirculation pump and a jet pump each with their own set of split drains that terminate under a different drain cover will require two forms. However, two pumps with split drains that terminate under the same drain cover will require only one form.
- All sections of the form must be completed.
- Print legibly.
- Return the completed form to your local Environmental Health Department.

I. Site Information

- A. Facility name – name of facility or DBA (e.g. Oak Glen HOA, Palms Apartments).
- B. Pool Identification – description of the pool which will identify it when there is more than one pool on the property.
- C. Facility Address – address, city, state, and zip code of the facility where the pool or pools are located.
- D. Owner's name – owner, owner's representative, or corporation name.
- E. Owner's address – address, city, state, zip, and telephone number of the owner or owner's representative.
- F. Indicate if the pool was constructed on or after January 1, 2010.

II. Pump Information

- A. Identify the type of pump that is connected to the drain. If two pumps terminate under one set of split drains (e.g. one side of a split suction drain is used for both a recirculation pump and a jet pump), describe both pumps. For each pump, provide the make, model number, and horsepower. Remember, complete a separate compliance form if the additional pump is connected to a different drain cover.

III. Main Drain (Includes All Suction Outlets Except Skimmer Equalizer Lines)

- A. Provide the manufacturer; make and model; and the date the drain cover was installed.
- B. Provide the floor and wall flow rating in gallons per minute for the drain cover. Note: If there are two different drain covers (e.g. one on the wall and one on the floor), there is space on the compliance form to complete drain cover information for each drain.
- C. Indicate the size of the pipe terminating at the main drain or jet suction.
- D. Check a box to indicate the configuration of the drain.
 - 1. **Split Main Drains** - means there are two drains that are hydraulically balanced and symmetrically plumbed and are separated by a distance of at least three feet in any dimension between the suction outlets.
 - 2. **Single Drain - Unblockable** means there is one drain approved to be unblockable so that a human body cannot sufficiently block it to create a suction hazard.
 - 3. **Single Drain - Not Unblockable** - means there is a single drain which can be sufficiently blocked by a human body to create a suction hazard. This type of drain must be protected by an approved safety vacuum release system or other equally or more effective system. Provide the type of device installed, manufacturer, model, and indicate which type of performance standard is marked on the device (ASTM F2387 or ASME/ANSI standard A112.19.17).

IV. Contractor/Engineer Certification Section

- A. Enter a valid California State Contractor's license number.
- B. Enter the Contractor's license classification.
- C. Or enter the California State Professional Engineer's license number, if applicable.
- D. Enter the Contractor's- /- Engineer's name and the company they are working for.
- E. Enter the company address, city, state, zip code, telephone number, cell phone number, FAX number, and email for the Contractor- /- Engineer.
- F. Print the name of the Contractor/Engineer.
- G. The Contractor or Engineer must sign the form.
- H. Enter the date the form was signed.